

Agency Name: Department of Health and Human Services

Agency # 1024

**MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF CHILD AND FAMILY SERVICES**

**AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CENTRAL CASE
RECORDS SEARCH**

I _____ authorize release of confidential information by the
(Please print clearly)

Maine Department of Health & Human Services, Bureau of Child and Family Services
regarding whether I have been involved in a substantiated Maine Child Protective Services
case.

I authorize release of this information to the agency/services provider identified below.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case,
another release by me is required before the nature of my involvement will be disclosed to
the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my
suitability to provide services for children and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title
22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already
been released.

Agency/Provider to receive this information:

**Adult Protective Services Unit Manager
Dept. of Health and Human Services
32 Blossom Lane
Marquardt Bldg., 2nd Fl.
11 State House Station
Augusta, ME 04333-0011**

My date of birth: _____

Other names I have been known by:
(including maiden name)

Signature

Date

Address

Initial Release Form BCFSCP-O82

Mail to: Adult Protective Services Unit Manager, Dept. of Health and Human Services, 32 Blossom Lane,
Marquardt Building, 2nd Fl., 11 State House Station, Augusta, ME 04333-0011